

**Malgaigne’ s 骨盆骨折合併尿道損傷於早期以內視鏡
行尿道重新吻合術：病例報告**

**Early Primary Endoscopic Realignment for
Posterior Urethral Injury in a Patient with
Malgaigne’s Fracture: Case Report**

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摘要

一位 27 歲男性因車禍造成不穩定性骨盆骨折合併尿道損傷之患者。於急診先行恥骨上膀胱造?。經 8 天臥床休息後，在全身麻醉下，我們由恥骨上膀胱造?以膀胱鏡直視下放置 5F65 公分長的輸尿管導管於尿道上段斷端，並以另一支尿道鏡帶組織夾由尿道進入尿道下段斷端，找到導管後以組織夾夾出尿道，以此導管為引導放入末端開口的 18F 尿管，兩週後移除尿管。經過五個月並以尿道攝影之追蹤，病人後尿道完整無狹窄且無陽萎或尿失禁等問題。早期內視鏡尿道重新吻合術，這是個簡單又有效的手術，對於後尿道損傷的病人應是可行的術式。

Abstract

A 27-year-old male victim of traffic accident was diagnosed to have unstable pelvic fracture (Malgaigne’ s fracture) and complete posterior urethral disruption. Suprapubic cystostomy was done as a primary aid followed by early primary endoscopic realignment eight days later. Under general anesthesia, he was placed in a moderate lithotomy position. A 5F ureteral catheter was passed into disrupted posterior urethra by a bystoscope via suprapubic cystostoma. A cystoscope with cold cup forceps was applied to find and grasp the catheter vas urethra. Then, the ureteral catheter was pulled out as a guide and an 18F end-hole Foley catheter was inserted into the bladder successfully. This technique is an effective and easy method to treat posterior urethral injury, even in patients with unstable pelvic fracture. Early primary endoscopic realignment may be considered as a treatment of choice for patients with posterior urethral injury.